

216005639
80513

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 200	Agency Case No. B6-010040	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 02/04/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2 02	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1703	POLICE NOTIFIED 1708	Amended
B 25	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 8900 Andermatt Dr. (Menards)		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	02/04/2016
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LATITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 10	8900 Andermatt Dr. (Menards)					
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12824801		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N 1	DRIVER	ROBERT V MELLO		PHONE	402-502-7880	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/25/1969	
G 1	OWNER	Duane L Hihath		PHONE	402-502-7880	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H 5	LICENSE PLATE	PA NO.	SMH291	YEAR (Plate Expires)	2016	STATE (Of Plate)
V1/O 2	VEHICLE	2009	Ford	MODEL	FSE	BODY STYLE
V2/O 2	VEHICLE ID NO. (VIN)	1FAHP35N09W104959		COLOR	blue	ESTIMATED DAMAGE
I 1	TOWED TO		TOWED BY		INSURANCE COMPANY	None
	POLICY NO.		None			
VEHICLE NO. 2						
V1/P 7	DRIVER	ZACHARY D WHITSON		PHONE	402-730-7686	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/01/1982	
J 01	OWNER	Zachary D Whitson / WHITSON CONTRACTING INC		PHONE	402-730-7686	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	
V1/Q 4	LICENSE PLATE	TE NO.	STY598	YEAR (Plate Expires)	2016	STATE (Of Plate)
V2/Q 4	VEHICLE	2015	GMC	MODEL	4NK	BODY STYLE
K 01	VEHICLE ID NO. (VIN)	1GT12ZE82FF142129		COLOR	white	ESTIMATED DAMAGE
	TOWED TO		TOWED BY		INSURANCE COMPANY	State Farm
	POLICY NO.		064 0662-E06-27B			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-010040



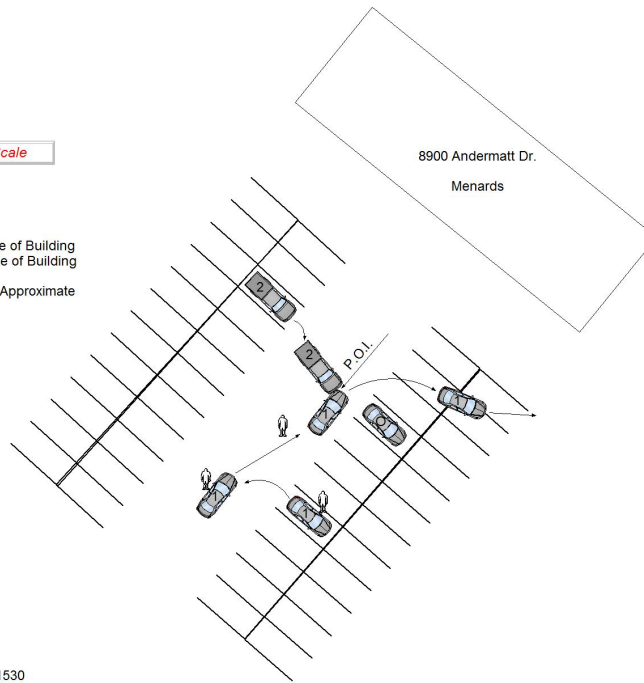
Indicate
North
by Arrow

Not To Scale



P.O.I - 97' S of S side of Building
270' W of E side of Building

All Measurements are Approximate



LPD Officer #1530

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

LPD Officer #1530 was in a foot pursuit with a Suspect that was being investigated for stealing from Menards. The foot pursuit led to the Suspects vehicle where a struggle ensued between the Officer and the Suspect. While struggling at the driver side door of the Suspects Vehicle, the Suspect presented a Knife to the Officer and where Driver of Vehicle 2 stated he witnessed. D2 stated he saw Driver of Vehicle 1 started to reverse his vehicle with the Officer still attached. D2 stated he saw Vehicle 1 start accelerating forward again with the Officer still attached to the Vehicle. D2 stated in an effort to assist the Officer and to stop the assault on the Officer, he pulled his truck in front of V1's path. D2 stated V1 collided into the front of his vehicle and drove off EB in the parking lot. Driver of Vehicle 1 was identified. Related Case: Assault on Officer B6-010048

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	Seth W Petersen	575 S. 10th St, Lincoln, NE 68508			402-441-6000
WITNESSES	NAME	ADDRESS			PHONE
	adam J boatman	8900 Andermatt Dr, Lincoln, NE 68526			402-327-2950

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)																			
1	X				8900 Andermat	VEHICLE 1				VEHICLE 2				VEH 1				VEH 2							
2			X		8900 Anderma	VEHICLE 1				VEHICLE 2				VEH 1				VEH 2							
1	01	06 Turning left				POINT OF IMPACT	08	POINT OF IMPACT	01	1 Deployed - front				1 None used - vehicle occupant				Driver No. 1				Driver No. 2			
2	12	07 Making U-turn				MOST DAMAGED AREA	08	MOST DAMAGED AREA	01	2 Deployed - side				2 Lap & shoulder belt used				Y				Y			
					08 Entering traffic lane					3 Deployed - both front/side				3 Shoulder belt only used				N				X			
					09 Leaving traffic lane					4 Not deployed				4 Lap belt only used				N				X			
					10 Parked					5 Not applicable/ No airbag available				5 Child safety seat used				N				X			
					11 Slowing or stopped in traffic					6 Unknown				6 Child booster seat used				N				X			
					12 Other									7 DOT approved helmet used				N				X			
					13 Unknown									8 Costume helmet used				N				X			
														9 Restraint use unknown				N				X			
OFFICER NO. 1730					TROOP/ TEAM/ BEAT 11					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
INVESTIGATOR NAME (Print or Type) Patrick Wingfield					INVESTIGATOR SIGNATURE Approved by Ofc. Patrick Wingfield					DATE OF REPORT 02/04/2016															